

Trauma Facility Designation

Confirmation the Facility is
Performing as a Trauma Center

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Trauma Center Designation

- ▶ The facility provides an organized, pre-planned response to the trauma patient helping to assure both optimal patient care & efficient use of limited health care resources
- ▶ Regional and state support for facility trauma program development and management
- ▶ Systemized trauma care influences other aspects of medical care provided
- ▶ Designated trauma centers can charge trauma team activation code
- ▶ Voluntary participation

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Montana has authority to designate health care facilities as Trauma Centers. Trauma center designation is based on a facility's resources and capabilities for providing care to the injured.

Levels of Trauma Facility Designation

- ▶ **Regional Trauma Center**
 - Capable of providing advanced trauma care for a region, all major surgical services readily available
- ▶ **Area Trauma Hospital**
 - Capable of providing care for most trauma patients within their service area, surgeon always available
- ▶ **Community Trauma Hospital**
 - Capable of providing limited emergency care with intermittent surgical coverage
- ▶ **Trauma Receiving Facility**
 - Capable of providing limited emergency care (ABCDE) with no surgical coverage

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There are four defined levels of available trauma facility designation for Montana.

Designation Determination

- ▶ Facility trauma designation is determined by:
 - Consideration of the application
 - Recommendations of the site review team
 - Recommendations of the STCC designation subcommittee
- ▶ One of the following actions may be taken
 - Designate as a Trauma Facility
 - Provide provisional designation
 - Designate trauma facility at a different level
 - Deny designation

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The Department of Public Health and Human Services determines the final designation of the facility based on consideration of the application, the recommendations of the site review team, and the recommendations of the State Trauma Care Committee designation subcommittee; and will notify the applicant of its decision in writing within 30 days after receiving the recommendation from the designation subcommittee.

One of the following actions may be taken by the EMS and Trauma Systems Section of the Department of Public Health and Human Services:

- Designate the applicant as a Designated Trauma Facility for a full three years.
- Issue a provisional designation if there are deficiencies noted but the facility is substantially compliant with the resource criteria and any deficiencies will not have an immediate detrimental impact on trauma patient care. Provisional designation is usually granted for a period not over 1 year. At the end of the year the facility will undergo a focused review to determine what the facility has accomplished with the recommendations made during the initial site review and how weaknesses and deficiencies have been addressed.
- Designate trauma facility at a different level from that for which the applicant

facility applied, provided that the facility meets all the requirements of the alternative trauma facility designation level and the facility agrees to be designated at the alternative level of designation.

- Deny any trauma facility designation if there is substantial noncompliance with the requirements; or the deficiencies are fundamental or may have an immediate detrimental impact on trauma patient care.

ACS Verification



- ▶ American College of Surgeons (ACS) trauma center verification process is highly encouraged for:
 - MT Regional Trauma Centers to receive verification as a Level II Trauma Center
 - MT Area Trauma Hospitals to receive verification as a Level III Trauma Center
- ▶ Submit ACS pre-review questionnaire to State
- ▶ State representatives will participate in site visit
- ▶ Provide State with ACS verification letter

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Designation of a trauma center is geopolitical process empowered by the authority of Montana State government to designate trauma facilities. The Montana designation process was based on the national verification process through the American College of Surgeons (ACS). The ACS Committee of Trauma (COT) has provided leadership in providing optimal care to the injured patient since 1922.

Verification by ACS is a voluntary process paid for by the facility to assist hospitals in the evaluation and improvement of trauma care and provide objective, external review of the facilities capability and performance.

American College of Surgeons trauma center verification process is highly encouraged for:

- MT Regional Trauma Centers to receive verification as a Level II Trauma Center
- MT Area Trauma Hospitals to receive verification as a Level III Trauma Center

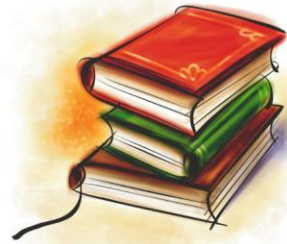
The procedure includes submission of the ACS pre-review questionnaire to the State as well as the ACS.

State representatives will participate in a “parallel” site visit in collaboration with the ACS surgeon reviewers

The facility is to provide State with a copy of the letter indicating ACS verification status when received. This letter along with a report by the State representatives will be submitted to the designation subcommittee of the State Trauma Care Committee (STCC) and they will make recommendations to EMS and Trauma Systems Section regarding State designation.

Resources

- ▶ Resources to broaden perspective
 - Books/manuals
 - Websites
 - Trauma Listserv
- ▶ Participate in RTAC
 - System policies
 - Networking/resources
- ▶ Learn the administrative rules/standards
- ▶ Shadow a pro



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There are many available resources to use during the designation process.

Application Process

- ▶ Review the Montana Trauma Facility Resource Criteria: [MT Trauma Facility Resource Criteria](#)
- ▶ Complete application for desired level of designation: [Facility Applications for Designation](#)
- ▶ Mail 3 copies of completed application with attachments to the EMS & Trauma Section
- ▶ Application will be reviewed for completeness
- ▶ The State will select a site survey team and date for your site review

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Review the Montana Trauma Facility Resource Criteria which details the requirements and desired assets for trauma facility designation at the four levels available. Confer with facility staff and medical providers to determine the level your facility will commit to. The Facility Resource Criteria document lists trauma program components by level of facility within the four columns provided.

Complete the application for desired level of designation obtained at [the web address above \(EMSTS website\)](#).

[The applicant indicates the level of designation being sought by completing the facility level-specific application.](#)

Mail 3 copies of the completed application with requested documentation attached to the Montana EMS & Trauma Section of Department of Public Health and Human Resources

The application will be reviewed for completeness and you will be notified if additional or missing information needs to be sent in for the application.

The State will begin selection of a site survey team and scheduling a mutually-

agreeable date for your site review.

Trauma Site Survey

- ▶ Onsite review to assess the facilities
 - Commitment
 - Readiness
 - Resources
 - Policies
 - Patient care
 - Performance Improvement
- ▶ Site review team members
 - Experienced Trauma Surgeon reviewer
 - Experienced Trauma Coordinator reviewer
 - EMS & Trauma Systems representative



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The purpose of the on-site review or site survey is to assess the facility's:

- Commitment
- Readiness
- Resources
- Policies
- Patient care
- Performance Improvement
- Other relevant features of the trauma program

• The Site review team usually consists of an experienced trauma surgeon site reviewer, an experienced trauma coordinator reviewer and a representative from the EMS and Trauma Systems Section.

Application Attachments

- Resolutions supporting trauma program
- Organizational chart
- Trauma team roles and responsibilities
- Trauma team activation protocol
- Trauma flow-sheet
- Trauma transfer plan/protocol
- Inter-facility transfer agreements
- Trauma Medical Director job description
- Trauma Coordinator job description

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Attachments requested for the application process include these items

- **Resolutions**

- Demonstrate institutional commitment
- Board of Directors
- Medical Staff
- Within last three years

- **Organizational Chart**

- Evidence of trauma program
- Reporting structure within the organization

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Resolutions

- Demonstrate institutional commitment for the trauma program as a multidisciplinary team to coordinate trauma-related activities
 - Performance improvement for trauma patients
 - Trauma education
 - Trauma care guidelines
 - Injury prevention
- Separate resolutions must be obtained from
 - Board of Directors
 - Medical Staff
- Within last three years and SIGNED copies

Organizational Chart

The organization chart must depict evidence of the trauma program and its reporting structure within the organization.

Effective Trauma Program

- ▶ Authority and accountability for the program
 - Because it crosses many specialty and department lines, the trauma program must be empowered to address issues that involve multiple disciplines
- ▶ Well-defined organizational structure
 - There must be adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care

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There must be defined authority and accountability for the trauma program within a well-defined organizational structure. While many facility structures differ, without defined lines of authority for trauma program processes, no truly integrated program is recognizable.

•Trauma Flowsheet

- Trauma specific ED flowsheet

•Trauma Team

- Activation criteria
- Roles and responsibilities
- CTH plan for when surgeon not available

•Inter-facility Transfer

- Transfer guidelines
- Transfer agreements

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•Trauma Flowsheet

- Trauma-specific emergency department flowsheet for nursing documentation of care events.

•Trauma Team

- A defined team to provide initial trauma patient evaluation and resuscitation
 - Trauma team activation criteria
 - Team members have written roles and responsibilities
- Community Trauma Hospital plan includes what is done when the general surgeon is not available

•Inter-facility Transfer

- Transfer guidelines need to be consistent with the scope of the trauma services available

- Transfer agreements to demonstrate transfer processes. (While patients are certainly transferred without such documents in place, transfer agreements demonstrate pre-planning and advance consideration of the many issues related to identifying resources and the specific needs of patients when transfer is necessary)

Trauma Medical Director

- Authority to affect all aspects of trauma care
- Oversight of:
 - Clinical trauma patient care
 - Trauma PI
- Correction of identified deficiencies in trauma care
- Development of treatment protocols/guidelines

Trauma Coordinator

- Qualified RN to work with the Trauma Medical Director
- Responsible for organization of services for multidisciplinary trauma care
 - Clinical trauma care oversight
 - Trauma performance improvement
 - Trauma registry
 - Trauma education and injury prevention
- Involvement in community and regional trauma system
- There must be dedicated hours

Site Review Preparation

- ▶ Care taken to prepare application
 - Trauma education documentation
- ▶ Identified representatives at opening meeting
 - Administration
 - EMS
- ▶ Prepare program overview presentation
- ▶ Staff pre-prepared for facility tour
- ▶ Medical record and PI preparation
- ▶ Trauma Coordinator & Medical Director encouraged to participate in entire review (6 hrs)
 - Honesty is the best policy



Site Review Schedule

- ▶ Opening meeting
- ▶ Facility tour
- ▶ Review of requested documentation
- ▶ Medical record review
- ▶ Exit interview
- ▶ Written report follows

The site review team will review the submitted application for designation prior to arriving at the facility.

The site review will begin with an opening meeting with the individuals most involved in the trauma program including the trauma medical director and trauma coordinator, representatives of EMS services that transport patients to your facility, hospital administration, director of nursing, interested physicians and midlevel providers, and department managers or key personnel from: Emergency Department, Radiology, Laboratory/Blood Bank, Quality/Performance Improvement and Disaster Preparedness.

This meeting allows an opportunity for the reviewers to provide an overview of the designation process, ask questions regarding the designation application and interview EMS personnel.

It is encouraged that this meeting begin with a short presentation by facility personnel, usually the trauma coordinator, to provide an overview of the community, facility resources, and trauma program development including injury prevention. Please provide a written copy of the presentation to each of the reviewers.

The reviewers will then tour the facility beginning in the location where the trauma patient usually enters the facility through the ambulance entrance, then to the Emergency Dept, Radiology, and Laboratory/Blood Bank. Ideally, this tour will be guided by the trauma medical director and trauma coordinator.

Next, the site reviewers will review the medical records for trauma patients meeting trauma registry criteria for the year identified in the application. Once the medical record is read, the reviewer would like to see the corresponding completed trauma registry abstract form and performance improvement activities for that patient including trauma committee minutes when the case was reviewed. Any outcomes from performance improvement such as education provided or guideline development should be included. Optimally, the performance improvement documentation is copied and accompanies each separate trauma medical record.

Any trauma policies or guidelines, transfer agreements, trauma education of medical and nursing staff, physician call schedules, and injury prevention will be reviewed at this time. The trauma coordinator and trauma medical director should be available for questions.

Following a short meeting where findings of the survey are discussed, the site review team will make a verbal report of its findings through an exit interview prior to leaving the facility. They will complete a confidential performance improvement report for your facility indicating the identified strengths, weaknesses, and recommendations for improvement that will be provided to your facility for the purpose of performance improvement.

The site surveyor team also provides a written summary of their findings and recommendations for designation to the Department of Public Health and Human Services for the purpose of determining trauma facility designation. The department shall review the site review team report and forward a copy to the designation subcommittee at the next quarterly State Trauma Care Committee meeting. This group will make a recommendation to the department regarding the trauma designation of the applicant facility.

Facility Tour

- EMS Entrance
- Emergency Department
- Radiology
- Laboratory
- Surgery/PACU
- ICU



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The facility tour starts in the location the trauma patient arrives at the facility. It is ideal if the trauma coordinator and trauma medical director conduct the tour. This allows additional opportunity for the site review team to talk with the trauma program leadership.

The facility tour includes:

- Inspection of the facility and required/desired equipment
- Interview with selected individuals

Emergency Department

1. Review emergency department facility, resuscitation area, equipment, protocols, flow sheet, staffing, and physician on call schedule for trauma care.
2. Interview emergency physician, and emergency nurse.
3. Review the prehospital entrance, decontamination equipment and plan.
4. The emergency department log book should also be available for the reviewers to view during the hospital visit. There may be additional records requested on-site based on this review

Radiology

1. Inspect facility
2. Interview radiologist and technician
3. Determine patient monitoring policy

Laboratory/Blood Bank

1. Inspect facility
2. Interview technicians
3. Determine availability of blood products and massive transfusion protocols

Operating Room/PACU

1. Interview operating room nurse manager and anesthesiologist/CRNA
2. Check operating room schedule
3. Determine how a trauma OR suite is opened STAT
4. Review equipment availability

ICU

1. Inspect facility/review equipment
2. Review flow sheets
3. Interview medical director/nurse manager/staff nurse
4. Discuss patient triage and bed availability

Rehabilitation

Determine where and when rehabilitation is initiated

Determine how rehabilitation services are coordinated

This picture is of Stu Reynolds, MD, FACS, past trauma medical director in Havre and here in the role of the trauma surgeon site reviewer; Pam Turnbaugh, RN trauma coordinator and director of nurses in Poplar with Connie Stone, RN (center) past trauma coordinator at St. Vincent's in Billings and here functioning as the trauma coordinator reviewer at this trauma consultation site visit in July of 2007.

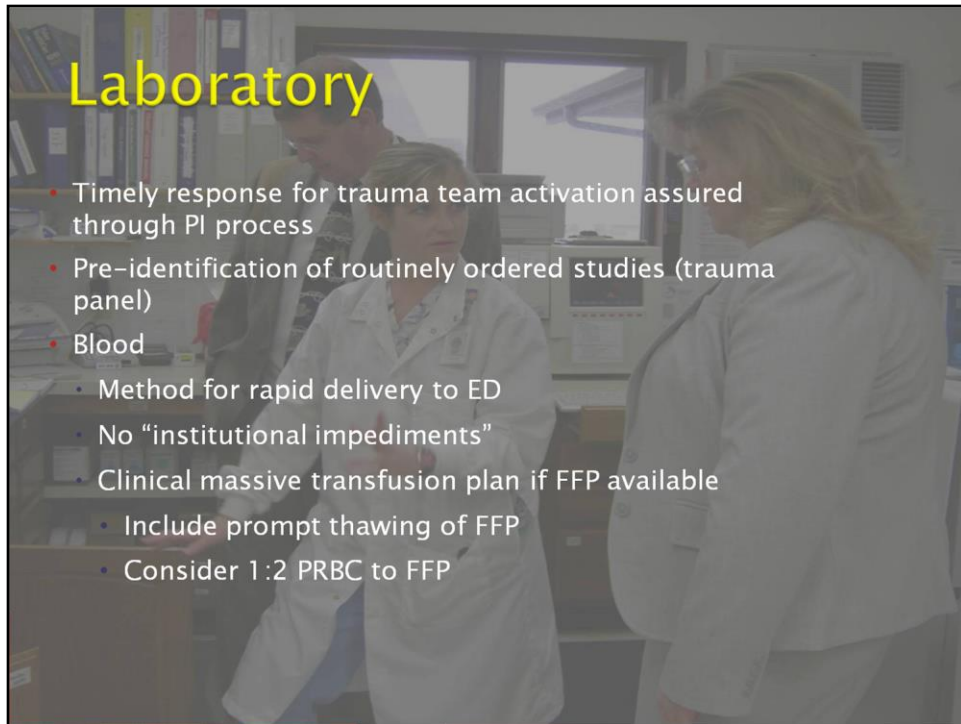
Emergency Department

- Staffing
- Trauma team activation
- Equipment for resuscitation for patients of ALL AGES
 - Readily available and staff know location / use
 - Categorized according to assessment priorities
 - All items required for life saving procedures located together
 - Recipe for set-up, procedure, and use
- Communication with EMS
- Decontamination resources

Radiology

- Equipment and staffing
 - Timely response for trauma team activation assured through PI process
 - Perform portable primary assessment x-rays in the resuscitation room
 - Hemodynamically stable patients are monitored when in radiology
 - Oxygen, suction, crash cart
 - Method for rapid film interpretation
 - PI process for over-reading evaluation and follow-up

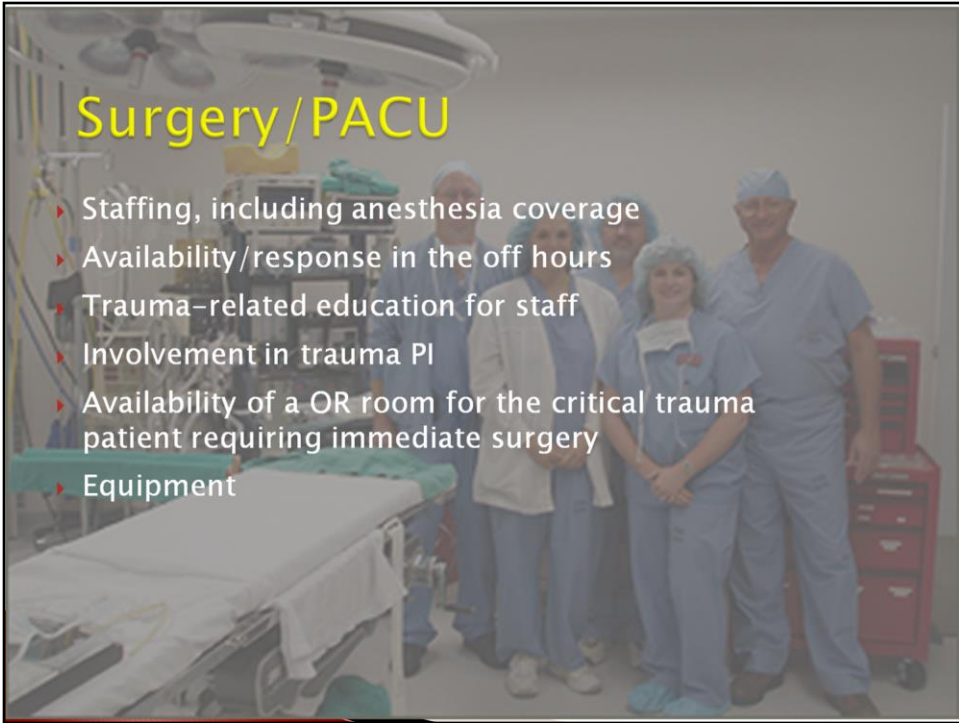
This background picture is of a consultation site review process with Hanz Arnston, the director of nurses in Circle. Site reviewers pictured are Doug Schmitz, MD and Tracey Jones, RN, EMT-P. Tracey was a regional trauma coordinator for the Banner Health System in WY and CO prior to becoming the trauma system manager for the State of WY in June, 2003.



Picture of Tracey and Doug at trauma consultation site visit in Circle June 2003.

Surgery/PACU

- ▶ Staffing, including anesthesia coverage
- ▶ Availability/response in the off hours
- ▶ Trauma-related education for staff
- ▶ Involvement in trauma PI
- ▶ Availability of a OR room for the critical trauma patient requiring immediate surgery
- ▶ Equipment



Intensive Care Unit

- ▶ Staffing
- ▶ Equipment
- ▶ Nurse-to-patient ratios
- ▶ Involvement in trauma PI
- ▶ Trauma related education for staff
- ▶ Is there a surgical director of the ICU?
- ▶ Who is the “captain of the ship” for trauma patients in the ICU?





- The documentation reviewed during the onsite survey includes:
 - Review of multidisciplinary trauma committee minutes with attendance
 - Review of documents including, but not limited, to signed inter-facility transfer agreements
 - Review of physician call schedules for the last 3 months for RTC and ATC site reviews
 - Review of trauma medical records
 - Include the entire medical records available for those trauma patients meeting trauma registry criteria for the last year
 - Include all deaths, inter-facility transfers, pediatric patients, or any others that demonstrate trauma system issues
 - Review of completed trauma registry abstract forms if the facility participates in the statewide trauma registry by providing paper abstracts

- Review of documentation of trauma performance improvement
 - Review of trauma peer review process including committee minutes with attendance
- Review of trauma education for facility medical and nursing staff as well as trauma specific education obtained by EMS
- Review of trauma policies / guidelines
- Review of injury prevention and education programs
- Review of other documentation as necessary

This picture is of Chip Mintz PA-C, trauma medical director in Terry during medical record review with trauma surgeon site reviewer Doug Schmitz, MD at a trauma consultation site visit in June, 2003.

Multidisciplinary Trauma Committee

- Representatives from trauma-related services including EMS
 - Meets regularly with written minutes that include attendance
- Assess and correct trauma system/process issues to optimize trauma patient care



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This picture is of trauma committee meeting in Harlowton.

▶ Trauma System Participation

- Regional Trauma Advisory Committee
- Submission of data to the Montana State Trauma Registry



▶ Disaster Preparedness

- Written disaster plan updated routinely
- Participation in community disaster drills

Medical Staff



- On-call or in-house and promptly available
 - Monitor in PI
- 10 hours of trauma-related CME annually (desired in TRF)
- ATLS course completion, prefer current verification
- Participation in trauma peer review

Nursing



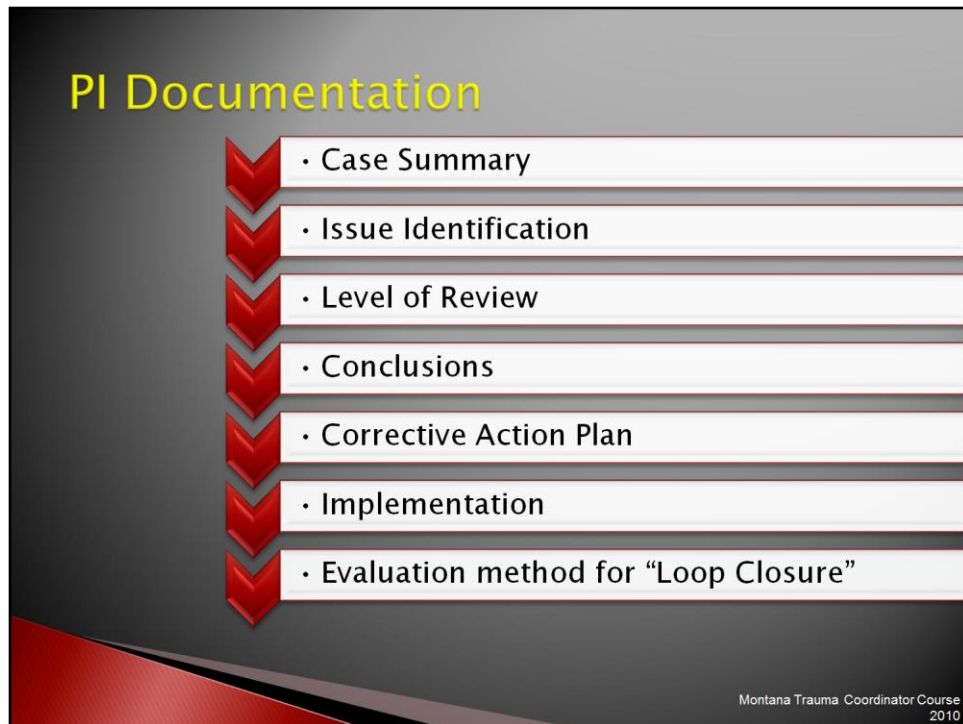
- Nursing coverage for immediate care of the trauma patient
- Ideally have plan for a minimum of two nurses with at least one RN
- Provide for continual monitoring of patient from arrival to disposition from ED
- 8 hours of trauma-related education annually desired (required in RTC)

Trauma Performance Improvement

- ▶ Trauma care should be efficacious, safe, and cost-effective
- ▶ A standardized approach to recurring care issues to
 - Minimize unnecessary variation
 - Provide better outcome assessment
 - Makes changes in care easier to implement and more uniform
- ▶ Coordination of Trauma PI into the hospital-wide program offers a reduction in labor while producing more impact on quality

Performance Improvement

- Utilization of trauma registry
- Plan developed with responsibilities assigned and time provided
- Quality indicator evaluation
- Overall assessment of care provided
- Integration with hospital-wide quality improvement



Performance Improvement documentation includes:

- Patient Care Summary that is brief. Important issues to include, if possible are the patient’s age, gender, a detailed mechanism of injury and the time the injury occurred. Any significant past medical history and medication use can be very helpful. Known and suspected injuries should be listed. A brief overview of the care the patient received “sets the stage” for the performance improvement information to follow when conducting tertiary review.
- The “Level of Review” refers to whether the issue can be effectively dealt with by the trauma coordinator (Level One), the trauma coordinator and the trauma medical director (Level Two) or the one of the various committees discussed (Level Three).
- Under conclusion, briefly state what was discussed and decided.
- Action plan follows and this should be completed with information about what is going to be done to improve the performance of trauma care.

- Implementation includes what is to be done, who is affected (and therefore informed of the action plan) and when the action plan was put into place.
- Evaluation Method for “Loop Closure”. To be sure the action plan was effective, you should continue monitoring that issue for a period of time to be able to show that you have “closed the loop”.

Trauma Peer Review

- Multidisciplinary medical providers involved in care for trauma patients
- Trauma coordinator must attend
- Perform peer review for clinical care issues such as appropriateness and timeliness of care
- Meets regularly with written minutes that include attendance
- Document trauma performance improvement activities

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Trauma Peer Review is the review of deaths, complications and clinical care issues of seriously injured patients. This process is medical provider-focused with participation of medical providers involved in trauma care. This should be a limited-access forum, but the trauma coordinator must attend when trauma cases are reviewed. Documentation of the sessions should be written carefully, but should also include candid discussions. All PI documentations should be clearly labeled "Confidential Performance Improvement/Peer Review"

Injury Prevention

- Community assessment for community based activities
- Data analysis to target needs
- Build community partnerships
- Conduct the programs and public education on trauma
- Monitor impact/evaluate program effectiveness



Clinical Protocols



- ▶ Clinical protocols/guidelines are a by-product of productive Performance Improvement
 - Decreases variations in care and errors
 - Increases positive patient outcomes
- ▶ Evidence-based medicine has become the standard of care
- ▶ Clinical protocols ensure that all the care provided is contemporary and consistent

Helpful Tips

- Organize (consider binders)
- Communicate to everyone
- Keep leadership up-to-date with progress/roadblocks
- Performance improvement/chart review is an ongoing process
- Think like a detective
- It takes teamwork
- Make sure everyone involved understands how the trauma system works



Before You Submit Application

- ▶ **Trauma Program**
 - ▶ Signed Resolutions
 - ▶ Trauma Medical Director
 - ▶ Trauma Coordinator
 - ▶ Multidisciplinary Trauma Committee
- ▶ **Clinical Trauma Care**
 - ▶ Resources Identified
 - ▶ Trauma Team
 - ▶ Trauma Education
 - ▶ Diversion Policy
 - ▶ Inter-facility Transfer Plan & Agreements
 - ▶ Disaster Preparedness



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Before you submit your Trauma Facility Application

While we do not expect that you will have every process fully and completely implemented prior to your first Trauma Facility site review, you need to have begun implementing the components of a trauma program with the key processes actively underway including;

- ▶ **TRAUMA PROGRAM**
- ▶ Signed Resolutions supporting the trauma program from the Board and Medical Staff;
- ▶ Trauma Medical Director with job description;
- ▶ Trauma Coordinator with job description with dedicated time to fulfill trauma activities;
- ▶ Multidisciplinary Trauma Committee:
 - Include all stakeholders: EMS, Medical, Nursing, Administration, Support Services for the purposes of;
 - Trauma Program Performance; assess and correct trauma program process issues including review of identified QI/PI;
 - Implement trauma case reviews for identification of issues in all phases of care and for all levels of care providers, potential solutions for improvement such as guideline development or education, methods implemented, and strategies for monitoring recurrence to determine if actions planned and implemented were effective.
- ▶ **CLINICAL TRAUMA CARE**

- ▶ Identification of required Resources/Clinical capabilities;
- ▶ Trauma Team formed and implemented, including;
 - Members identified by roles/not individuals & posted;
 - Implemented written Trauma Team Activation criteria;
 - Method for activating the Trauma Team response (call tree, beeper system, etc);
 - Identification of activations for performance improvement review;
 - Identify the number of critical/injured/simultaneous patients that would overwhelm resources “above and beyond” the Trauma Team, optimal care requires different/higher level response

(Disaster activation, etc);

- ▶ Trauma education requirements/completion for EMS, medical providers and staff providing trauma patient care;
- ▶ Diversion Policy, should your resources be temporarily unavailable;
- ▶ Interfacility Transfer agreements and guidelines consistent with your scope of trauma resources;
- ▶ Disaster Preparedness- written plan regularly updated with facility participation in community drills.

Before You Submit Application

► Performance Improvement

- Identify trauma patients
- Identification of system or process issues
- Identify cases or clinical care issues warranting review
- Medical Staff Trauma Care Peer Review process
- Participation in State Central Trauma Registry
- Participation in Regional Trauma Advisory Committee

Before You Submit your App



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Before you submit your application for trauma facility designation

► PERFORMANCE IMPROVEMENT

- Identification of system or process issues that if modified will result in improved team performance in the future;
- Identify cases or clinical care issues warranting review include, at a minimum;
 - All traumatic deaths, with evaluation/assignment of preventability (non-preventable, possibly preventable, or frankly preventable)
 - All Trauma Team Activations
 - All Trauma Patients requiring inter-facility transfer
- Medical Staff Trauma Care Peer Review; response, appropriateness, timeliness of care, evaluation of care priorities- should be conducted as a confidential provider process without general committee attendance and reflected in the minutes. However, any sessions evaluating components of patient care must include participation of the Trauma Coordinator.
- Participation in statewide trauma activities, your Regional Trauma Advisory Committee (RTAC), regional/state PI and Trauma Registry;
- Before a Trauma facility site review can be scheduled, your facility must be identifying trauma patients meeting inclusion criteria, reviewing trauma patients and their care, identifying care issues with possible solutions for improvement and submitting those patient abstracts to the

State Central Trauma Registry.



All the processes necessary for trauma facility designation should really be a continuous process.

The application and onsite trauma survey occurs every three years